

FILED JAN 19 1951

State File No. 1534

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 82 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0475	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 Wooster St.				d. STREET ADDRESS (If rural, give location) 516 Wooster St.			
3. NAME OF DECEASED (Type or Print) CLAYTON		a. (First) CLARK		c. (Last) SWEET		4. DATE OF DEATH (Month) (Day) (Year) January 6, 1951	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 21, 1868	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired dairyman		11. BIRTHPLACE (State or foreign country) Carthage, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G. B. Sweet		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Alfaretta Milnes Sweet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Roper, Rte 3, Carthage, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 6 to 8 hrs			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis				12-14 years?			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 1:15a m., from the causes and on the date stated above.							
23a. SIGNATURE G. B. Sweet MD U				23b. ADDRESS Carthage, -Mo		23c. DATE SIGNED 1-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 1-8-51		REGISTRAR'S SIGNATURE L B Clinton, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-17-51  
Jasper County Health Office

County File Number 51-1-24

Date Filed 1-17-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Thomas C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student

Thomas C. Rookwood

Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.